

02-01

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent MORRIS HIRSCH

Sex M Date of Death JAN 4, 2002

Place of Death SOUTH BOROUGH

Date of Birth FEB 25, 1913

Immediate Cause Respiratory Arrest

Certifier HOWARD KIRSHENBAUM M.D.

Permit Issued To MORRIS FUNERAL HOME
40 MAIN ST. SOUTH BOROUGH

Disposition At RURAL CREMATORY

Name of Facility MORRIS FUNERAL HOME

Date Permit Issued JAN 7, 2002

02-01

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to TOWN CLERK
(Office issuing permit)

City or Town of SOUTH BOROUGH Mass.

Name of Decedent MORRIS HIRSCH

If a U.S. War Veteran, specify what war, organization, etc.

WW II

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat JAN 8 2002 Rural Crematory
(Name of cemetery or crematory) (City or Town)

on 180 Grove Street

Final Disposition Worcester, MA 01605

Certified by John H. Cohen
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

The Commonwealth of Massachusetts

No. 02-01

OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.

City or Town SOUTHBOROUGH Date JAN 7 15 2002

A satisfactory death certificate having been filed for

MORRIS HIRSCH

Full name of decedent

who died on JAN 4, 2002 US War Veteran WW II

date of death

born on FEB 25, 1913, who resided at

date of birth

12 Redgate Lane

and who died of Respiratory Arrest

give immediate cause

Permission is hereby given for (check all appropriate boxes):

[] Removal from: _____

name and address of original disposition

[] Disposition at: RURAL CREMATORY, NORFOLK MA

name and address of cemetery or crematory

[] Transportation to: _____

name and address of immediate destination of remains

Permission is hereby given to:

MORRIS FUNERAL HOME

name of facility

40 MAIN ST, SOUTHBOROUGH MA

address of facility

Signature of Board of Health Agent, or, in towns where there is no Board of Health, of Town Clerk

No. 02-01

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to TOWN CLERK

(Office issuing permit)

City or Town of SOUTHBOROUGH Mass.

Name of Decedent MORRIS HIRSCH

If a U.S. War Veteran, specify what war, organization, etc.

WW II

ENDORSEMENT

(To be filled in by cemetery or crematory official)

cremated remains

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA

(Name of cemetery or crematory)

(City or Town)

on September 7, 2013

Final Disposition Sec 8, Lot 33-A, Grv #A

Certified by [Signature]

(Signature of Superintendent of Cemetery or Crematory)

If there is no officer in charge, funeral director must sign and return this stub.

02-02

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent ANA RIOLLANO FYHRSex F Date of Death JAN. 14, 2002Place of Death SOUTHBOROUGHDate of Birth SEPT. 27, 1919Immediate Cause CARDIAC ARRESTCertifier NADIA RODBERG M.D.Permit Issued To STEPHEN SCATAMACCHIA
107 S. BROADWAY, LAWRENCE MA 01843Disposition At BAYVIEW CREMATORYName of Facility AMERICAN CREMATION SOCIETY
342 Washington St, Haverill MA 01832Date Permit Issued JANUARY 31, 2002

02-02

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to TOWN CLERK
(Office issuing permit)City or Town of SOUTHBOROUGH Mass.Name of Decedent ANA RIOLLANO FYHR

If a U.S. War Veteran, specify what war, organization, etc.

N/A

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsBAYVIEW CREMATORY
at SEABROOK, NEW HAMPSHIRE
(Name of cemetery or crematory) (City or Town)on JANUARY 23, 2002Final Disposition CREMATIONCertified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 02-03

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Paul Richard Welch
 Sex M Date of Death Feb 17, 2002
 Place of Death Southborough
 Date of Birth March 29, 1921
 Immediate Cause Presumed Cardiac Arrest
 Certifier T.E. Bynum M.D.

Permit Issued To Nancy G. Morris - 6470
Southborough, MA
 Disposition At Rural Cemetery, Ma
 Name of Facility Morris Funeral Home
110 Main St, Southborough, Ma
 Date Permit Issued February 20, 2002

No. 02-03

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk's Office
 (Office issuing permit)
 City or Town of Southborough Mass.
 Name of Decedent Paul Richard Welch
 If a U.S. War Veteran, specify what war, organization, etc.
WW II

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
 disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
 (Name of cemetery or crematory) (City or Town)
 on February 20, 2002

Final Disposition Section F, Grave #128

Certified by [Signature]
 (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

02-04

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Dorothy V CaldwellSex F Date of Death Feb 26, 2002Place of Death SouthboroughDate of Birth June 7, 1909Immediate Cause Multiple MyelomaCertifier Vinay Kumar M.D.Permit Issued To Peter Wadsworth 5803Disposition At Rural CemeteryName of Facility Wadsworth-ChiappiniDate Permit Issued March 1, 2002

02-04

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk's Office

(Office issuing permit)

City or Town of Southborough Mass.Name of Decedent Dorothy V. Caldwell

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough, MA

(Name of cemetery or crematory)

(City or Town)

on March 2, 2002Final Disposition Sec-Bk. 10, Lot 30, Grv#4Certified by [Signature]

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

02-05

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Gladys M. Ugrahart

Sex F Date of Death March 6, 2002

Place of Death Southborough

Date of Birth Feb 15, 1927

Immediate Cause Cardiac Arrest

Certifier Neal M. Fallis M.D.

Permit Issued To Nancy G. Morris

Disposition At Rural Cemetery

Name of Facility Morris Funeral Home

Date Permit Issued March 8, 2002

02-05

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to

Town Clerk's Office

(Office issuing permit)

City or Town of Southborough Mass.Name of Decedent Gladys M. Ugrahart

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough, MA

(Name of cemetery or crematory)

(City or Town)

on March 9, 2002Final Disposition Sec. 3, Lot 23B, Gry#2Certified by Neal M. Fallis

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

02-06

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Frank B. DiPasqualeSex M Date of Death April 12, 2002Place of Death SouthboroughDate of Birth Dec 15, 1926Immediate Cause Metastatic CancerCertifier Kenneth Falchuk M.D.Permit Issued To James McWilliamsDisposition At Rural CemeteryName of Facility Britton Funeral HomeDate Permit Issued April 12, 2002

02-06

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately properly endorsed

to Town Clerk's Office
(Office issuing permit)City or Town of Southborough Mass.Name of Decedent Frank B. DiPasquale

If a U.S. War Veteran, specify what war, organization, etc.

WW 2 Army

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)on April 15, 2002Final Disposition Sec. 13, Lot 44A, Grv. #2Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Dolores CrucianiSex 7 Date of Death APRIL 15, 2002Place of Death SouthboroughDate of Birth SEPTEMBER 4, 1943Immediate Cause OVARIAN CANCERCertifier HARRISON BALL M.D.Permit Issued To Nancy G. MorrisDisposition At Rural Cemetery SouthboroughName of Facility MORRIS FUNERAL HOMEDate Permit Issued APRIL 17, 2002DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to TOWN CLERK
(Office issuing permit)City or Town of SOUTHBOROUGH Mass.Name of Decedent DOLORES CRUCIANIIf a U.S. War Veteran, specify what war, organization, etc.
=====

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)on April 18, 2002Final Disposition C-East, Lot 14S, Grv#4Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

02-08

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent MARGARET J. O'BRIEN

Sex F Date of Death MAY 9, 2002

Place of Death SOUTH BOROUGH

Date of Birth OCT. 27, 1911

Immediate Cause DEHYDRATION

Certifier MEREDITH MARTIN M.D.

Permit Issued To MORRIS FUNERAL HOME

Disposition At ST PAUL'S CEMETERY
HINGHAM

Name of Facility MORRIS FUNERAL HOME

Date Permit Issued MAY 10, 2002

02-08

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to SOUTH BOROUGH TOWN CLERK'S
OFFICE
(Office issuing permit)

City or Town of SOUTH BOROUGH Mass.

Name of Decedent MARGARET J. O'BRIEN

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat St Paul's Cemetery Hingham
(Name of cemetery or crematory) (City or Town)

on May 13, 2002

Final Disposition Burial

Certified by E. McNeil
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Susan E Orlando

Sex F Date of Death July 5, 2002

Place of Death Southborough

Date of Birth Oct 7, 1957

Immediate Cause Metastatic Breast Cancer

Certifier Roger Lange M.D.

Permit Issued To Morris Funeral Home

Disposition At Rural Cemetery

Name of Facility Morris Funeral Home

Date Permit Issued July 9, 2002

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)

City or Town of Southborough Mass.

Name of Decedent Susan E Orlando

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)

on July 9, 2002

Final Disposition Sec. 5, Lot 19A, Grv #2

Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent RICHARD LOUIS ZANIBONI

Sex M Date of Death AUGUST 18, 2002

Place of Death SOUTH BOROUGH

Date of Birth SEPT. 19, 1933

Immediate Cause BRAIN TUMOR - GLEOBLASTOMA

Certifier DR. RADAHA AGAWALD M.D.

Permit Issued To MORRIS FUNERAL HOME

Disposition At RURAL CEMETERY

Name of Facility MORRIS FUNERAL HOME

Date Permit Issued AUGUST 22, 2002

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to TOWN CLERK
(Office issuing permit)

City or Town of SOUTH BOROUGH Mass

Name of Decedent RICHARD L. ZANIBONI

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)

on August 22, 2002

Final Disposition Sec. B-West, Lot 65N, Grv#3

Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent William J. O'Brien
 Sex M Date of Death Aug 24, 2002
 Place of Death 22 Red Gale Lane Sboro
 Date of Birth Nov 18, 1932
 Immediate Cause Respiratory Failure
 Certifier Dr. Julian Yoshida M.D.
 Permit Issued To Nancy Morris Morris Funeral Home
 Disposition At Rural Cemetery
 Name of Facility Morris Funeral Home
 Date Permit Issued Aug 28, 2002

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of Decedent William J. O'Brien

If a U.S. War Veteran, specify what war, organization, etc.

Korean

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)on Aug 28, 2002Final Disposition Sec. 5, Lot 18A, Grv#1Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

02-12

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Laurie A. Sullivan
 Sex F Date of Death Metastatic Breast Cancer Sept. 1, 2002
 Place of Death Southborough, Ma
 Date of Birth July 10, 1961
 Immediate Cause Metastatic Breast Cancer
 Certifier John Krikorian M.D.
 Permit Issued To Nancy Morris Morris Funeral Home
 Disposition At Rural Cemetery
 Name of Facility Morris Funeral Home
 Date Permit Issued September 5, 2002

02-12

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of Decedent Laurie A. Sullivan

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)on September 5, 2002Final Disposition Sec. 3, Lot 30A, Grv #2Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent William Atkins Hedges
 Sex M Date of Death September 5, 2002
 Place of Death Southborough, MA
 Date of Birth February 14, 1956
 Immediate Cause Asphyxia
 Certifier Jennifer Lipman M.D.
Laurence Eaton - SC 12
 Permit Issued To Eaton Funeral Home
 Disposition At Newton Crematory
 Name of Facility Eaton Funeral Home
 Date Permit Issued September 9, 2002

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
 (Office issuing permit)

City or Town of Southborough, Mass.

Name of Decedent William Atkins Hedges

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Newton Crematory Newton
 (Name of cemetery or crematory) (City or Town)

on September 10, 2002

Final Disposition

Certified by [Signature]
 (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 02-14

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent FLORENCE A FINN-FITZGERALD

Sex F Date of Death November 24, 2002

Place of Death SOUTHBOROUGH

Date of Birth August 8, 1907

Immediate Cause CONGESTIVE HEART FAILURE

Certifier PAT CHIRA M.D.

Permit Issued To MORRIS FUNERAL HOME

Disposition At RURAL CEMETERY

Name of Facility MORRIS FUNERAL

Date Permit Issued Nov. 24, 2002

No. 02-14

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to John Clark
(Office issuing permit)

City or Town of Southborough Mass.

Name of Decedent Florence Fitzgerald

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)

on November 27, 2002

Final Disposition Sec 15, Lot 9, Grv #7

Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 02-15

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent ANNA LABARRE
Sex F Date of Death NOVEMBER 25, 2002
Place of Death SOUTHBOROUGH
Date of Birth MAR. 6, 1901
Immediate Cause CORONARY ARTERY DISEASE
Certifier JOHN CURRAN M.D.
Permit Issued To MORRIS FUNERAL HOME
Disposition At RURAL CEMETERY
Name of Facility MORRIS FUNERAL
Date Permit Issued NOV. 27, 2002

No. 02-15

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to TOWN CLEK K
(Office issuing permit)
City or Town of SOUTHBOROUGH Mass.
Name of Decedent ANNA LABARRE
If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms
at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)
on November 30, 2002
Final Disposition Sep. D, Lot 33, Grv#5
Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)
If there is no officer in charge, funeral director must sign and return this stub.

No. 02-16

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent ROBERT J. VANNI
Sex M Date of Death DECEMBER 14, 2002
Place of Death SOUTHBOROUGH
Date of Birth JULY 19, 1934
Immediate Cause METASTATIC LUNG CANCER
Certifier ALLA BOLKHOVSKY, M.D.
Permit Issued To MORRIS FUNERAL HOME
Disposition At RURAL CEMETERY
Name of Facility MORRIS FUNERAL HOME
Date Permit Issued DEC. 17, 2002

No. 02-16

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to TOWN CLERK
(Office issuing permit)
City or Town of SOUTHBOROUGH Mass.
Name of Decedent ROBERT J. VANNI
If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms
at Rural Cemetery, Southborough, MA
(Name of cemetery or crematory) (City or Town)
on December 18, 2002
Final Disposition Sec. J-C, Lot 2, Grv#2
Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)
If there is no officer in charge, funeral director must sign and return this stub.

03-01

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Joseph M. McManusSex M Date of Death Feb 25, 2003Place of Death 9 Woodbury RdDate of Birth March 27, 1945Immediate Cause Prostate CancerCertifier Joseph P. Eder M.D.Permit Issued To Edmund H. TunncliffeDisposition At Mt. Auburn CrematoryName of Facility Mt. Auburn Crem.Date Permit Issued Feb 27, 2003

03-01

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

Town Clerk

to

(Office issuing permit)

Southborough

City or Town of Mass.

Name of Decedent Joseph M. McManus

If a U.S. War Veteran, specify what war, organization, etc.

- - -

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Mount Auburn Cemetery Crematory, Cambridge,
(Name of cemetery or crematory) (City or Town) MAon February 28, 2003
2/28/2003 Tunncliffe F.H. pick up for
Final Disposition burial St Patrick's Cem.
Fall River, MACertified by James E. Holman
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

03-02

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent GINO D. BONVINISex M Date of Death 2/27/03Place of Death # 212 BOSTON RD
SOUTHBOROUGHDate of Birth 7/24/1921Immediate Cause Cerebrovascular accidentCertifier JAMES HOWE M.D.Permit Issued To MORRIS FUNERAL HOMEDisposition RURAL
AtName of Facility MORRIS FUNERAL HOMEDate Permit Issued Feb. 28, 2003

03-02

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to SOUTHBOROUGH TOWN CLERK
(Office issuing permit)City or Town of SOUTHBOROUGH Mass.Name of Decedent GINO D. BONVINIIf a U.S. War Veteran, specify what war, organization, etc.

=====

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)on March 3, 2003Final Disposition Sec. C-West, Lot 35S, Grv #3Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

03-03

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Mary T. PandoSex F Date of Death March 9, 2003Place of Death 25 William Orshark
Southborough, MADate of Birth Nov. 8, 1922Immediate Cause Metastatic Breast CancerCertifier William V. Walsh M.D.Permit Issued To John P. Rowe Fun HomeDisposition At Rural CrematoryName of Facility John P. Rowe Fun HomeDate Permit Issued March 10, 2003

03-03

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of Decedent Mary T. PandoIf a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Crematory
(Name of cemetery or crematory) (City or Town)
on MAR 12 2003 180 Grove Street
Worcester, MA 01605

Final Disposition

Certified by John H. Coble
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

03-04

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Mary E WhiteSex F Date of Death March 19, 2003Place of Death O Ward Rd. SouthboroDate of Birth Nov. 6, 1910Immediate Cause Aortic StenosisCertifier Richard Palken M.D.Permit Issued To Nancy G Morris
Morris Funeral HomeDisposition At Rural CemeteryName of Facility Morris Funeral HomeDate Permit Issued March 20, 2003

03-04

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of Decedent Mary E White

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)on March 24, 2003Final Disposition Sec. D, Lot 20, Grv#5Certified by Dwight C. Williams
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

03-05

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Edmund S. Carberry Jr.Sex M Date of Death April 13, 2003Place of Death 104 Main St SouthboroDate of Birth April 14, 1914Immediate Cause Myocardial InfarctionCertifier William C. Liaw M.D.Permit Issued To Laurence R. EatonDisposition At St Francis Cemetery
Pawtucket, RIName of Facility Eaton Funeral Home
Needham, MADate Permit Issued April 4, 2003

03-05

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)City or Town of Southboro Mass.Name of Decedent Edmund S. Carberry Jr.

If a U.S. War Veteran, specify what war, organization, etc.

WW II

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat St Francis Cemetery
(Name of cemetery or crematory) (City or Town)on April 7, 2003Final Disposition 50-10T-252 for 2Certified by William C. Liaw
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

03-06

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Dennis J. BezokasSex M Date of Death June 4, 2003Place of Death 75 Turnpike Rd, Southboro
MADate of Birth February 19, 1950Immediate Cause Pending ToxicologyCertifier Jennifer Lipman M.D.Permit Issued To Nancy G. Morris
Morris Funeral HomeDisposition At Rural CemeteryName of Facility Morris Funeral HomeDate Permit Issued June 9, 2003

03-06

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of Decedent Dennis J. Bezokas

If a U.S. War Veteran, specify what war, organization, etc.

Vietnam

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)on June 9, 2003Final Disposition Sec. A, Lot 18, Grv#4Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

03-07

**DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT***Stub to be retained by officer issuing permit*Name of Decedent MATILDA O. JENNINGSSex F Date of Death JULY 26, 2003Place of Death SOUTH BOROUGHDate of Birth Apr. 7, 1909Immediate Cause Myocardial InfarctionCertifier MATTHIAS NURNBERGER M.D.
=====Permit Issued To EDWARD J. DOHERTYDisposition At WOODLAWN CEMETERYName of Facility George F. Doherty & SonsDate Permit Issued JULY 28, 2003

No. 03-08DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent RUTH R. LAMBERT (Rounsevell)Sex F Date of Death Feb. 20, 1977Place of Death Frammingham, MADate of Birth Sept. 13, 1930Immediate Cause Malignant Lymphoma

Certifier M.D.

Permit Issued To Nancy G. Morris
MORRIS FUNERAL HOMEDisposition At RURAL CEMETERYName of Facility MORRIS FUNERAL HOMEDate Permit Issued Aug. 7, 2003No. 03-08DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to TOWN CLERK
(Office issuing permit)City or Town of SOUTHBOROUGH Mass.Name of Decedent RUTH R. LAMBERT

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
~~disposed of~~ removed from in accordance with its termsat Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)on August 12, 2003Final Disposition Rounsevell Cemetery, Freetown, MACertified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

03-09

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

VOID

Stub to be retained by officer issuing permit

Name of
Decedent

RUTH R. LAMBERT

Sex

F

Date of Death

Feb. 20, 1977

Place of
Death

Frammingham, MA

Date of
Birth

Sept. 13, 1930

Immediate
Cause

Malignant Lymphoma

Certifier

M.D.

Permit

Issued To

MORRIS Funeral Home

Disposition
At

ROOSEVILLE CEMETERY

Name of
Facility

MORRIS FUNERAL HOME

Date Permit
Issued

Aug 7, 2003

No. 03-10**DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT***Stub to be retained by officer issuing permit*Name of Decedent YOLA GIOMBETTISex F Date of Death Sept. 6, 2003Place of Death SOUTHBOROUGH, MADate of Birth Sept. 1, 1916Immediate Cause ATHEROSCLEROTIS CARDIOVASCULARCertifier William Zimm M.D.Permit Issued To MORRIS FUNERAL HOMEDisposition At ROSEVILLE CEMETERYName of Facility MORRIS FUNERAL HOMEDate Permit Issued SEPTEMBER 8, 2003No. 03-10**DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT***This section to be returned immediately, properly endorsed*to SOUTHBOROUGH TOWN CLERK
(Office issuing permit)City or Town of SOUTHBOROUGH Mass.Name of Decedent YOLA GIOMBETTIIf a U.S. War Veteran, specify what war, organization, etc.
=====**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)on September 10, 2003Final Disposition Section F, Grave #130Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Howard Dickinson YoumansSex M Date of Death 9/28/2003Place of Death 8 Hickory Rd SouthboroDate of Birth Feb 26, 1921Immediate Cause cardiovascular arrestCertifier MADHAVI. Talle M.D.Permit Issued To Morris Funeral HomeDisposition At Rural CrematoryName of Facility Morris Funeral HomeDate Permit Issued Sept 29, 2003DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of Decedent Howard Dickinson
Youmans

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Crematory
(Name of cemetery or crematory) (City or Town)on SEP 30 2003 180 Grove Street
Worcester, MA 016

Final Disposition

Certified by John H. Cobble
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

03-12

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent YOLANDA T. BERTONAZZISex F Date of Death Nov. 2, 2003Place of Death SOUTHBOROUGH, MADate of Birth JAN. 4, 1920Immediate Cause OVARIAN CANCERCertifier DEBORAH HADLEY M.D.Permit Issued To MORRIS FUNERAL HOMEDisposition At HIGHLAND CEMETERY,
DOVER, MAName of Facility MORRIS FUNERAL HOMEDate Permit Issued Nov. 5, 2003

03-12

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to TOWN CLERK
(Office issuing permit)City or Town of SOUTHBOROUGH Mass.Name of Decedent YOLANDA T. BERTONAZZI

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Highland Cemetery Dover MA
(Name of cemetery or crematory) (City or Town)on 11/8/03Final Disposition BurialCertified by Lawrence R. Daugherty
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 03-13**DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT***Stub to be retained by officer issuing permit*Name of Decedent NANCY BATESSex F Date of Death Nov. 6, 2003Place of Death 77 Woodland Rd, SouthboroughDate of Birth July 16, 1949Immediate Cause Multiple MyelomaCertifier ARMENH MIRZABEGIAN M.D.Permit Issued To MORRIS FUNERAL HOMEDisposition At CALVARY CEMETERY WATTHAMName of Facility MORRIS FUNERAL HOMEDate Permit Issued Nov. 6, 2003No. 03-13**DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT***This section to be returned immediately, properly endorsed*to TOWN CLERK
(Office issuing permit)City or Town of SOUTH BOROUGH Mass.Name of Decedent NANCY BATES

If a U.S. War Veteran, specify what war, organization, etc.

NONE**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Calvary W. H. Home
(Name of cemetery or crematory) (City or Town)on 11/7/03Final Disposition Interred in vault of Calvary S.H.Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

03-14

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Eva Bonvini

Sex F Date of Death Nov 14, 2003

Place of Death 212 Bosto Rd Southboro

Date of Birth June 25, 2003 1920

Immediate Cause Congestive Heart Failure

Certifier Samuel Hoare M.D.

Permit Issued To November 14, 2003

Disposition At Rural Cemetery

Name of Facility Morris Funeral Home

Date Permit Issued Nov. 14, 2003

03-14

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of Decedent Eva Bonvini

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)on November 17, 2003Final Disposition Sec. C West, Lot 35S, Grv #4Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

03-15-

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Justin McMEEN
 Sex F Date of Death Dec 7-2003

Place of Death 134 Deerfoot Rd

Date of Birth April 27, 1923

Immediate Cause Ischaemic Cardiac, atherosclerosis

Certifier V. Naray Kumar M.D.

Permit Issued To Morris Funeral Home

Disposition At Rural Crematory Worc.

Name of Facility Morris Funeral Home

Date Permit Issued Dec 9, 2003

03-15

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
 (Office issuing permit)

City or Town of Southboro Mass.

Name of Decedent Justin McMEEN

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Crematory
 (Name of cemetery or crematory) (City or Town)
DEC 10 2003 180 Grove Street
 on Worcester, MA 01605

Final Disposition

Certified by John W. Coble
 (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

**DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT***Stub to be retained by officer issuing permit*Name of
Decedent

AUDREY CHARLOTTE SPECHT

Sex

F

Date of Death

JANUARY 10, 2004

Place of
Death

SOUTHBOROUGH, MA

Date of
Birth

JANUARY 30, 1925

Immediate
Cause

AMPULLARY CARCINOMA

Certifier

JEFFREY MORGAN M.D.

Permit
Issued To

J.S. WATERMAN & SONS

Disposition
At

WOODLAWN CEMETARY

Name of
Facility

J.S. WATERMAN & SONS

Date Permit
Issued

JANUARY 14, 2004

04-02

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent CATHERINE D. ALSTERLUND

Sex F Date of Death JAN. 31, 2004

Place of Death SOUTH BROUGH

Date of Birth Aug. 20, 1916

Immediate Cause SUDDEN DEATH

Certifier MEREDITH MARTIN M.D.

Permit Issued To MORRIS FUNERAL HOME

Disposition At RURAL CREMATORY

Name of Facility MORRIS FUNERAL HOME

Date Permit Issued FEB 2 2004

04-02

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to TOWN CLERK
(Office issuing permit)

City or Town of SOUTH BURGHT Mass.

Name of Decedent CATHERINE D. ALSTERLUND

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Crematory
(Name of cemetery or crematory) (City or town)

on 2-2-04 180 Grove Street
Worcester, MA 01605

Final Disposition

Certified by John W. Coble
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

04-03

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent MYRTLE E LANGESex F Date of Death MARCH 23, 2004Place of Death SOUTHBOROUGHDate of Birth JUNE 9, 1919Immediate Cause METASTATIC CARCINOMACertifier H. ELLIOT LARSON M.D.Permit Issued To MORRIS FUNERAL HOMEDisposition At RURAL CEMETERYName of Facility MORRIS FUNERAL HOMEDate Permit Issued MARCH 25, 2004

04-03

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to SOUTHBOROUGH TOWN CLERK
(Office issuing permit)City or Town of SOUTHBOROUGH Mass.Name of Decedent MYRTLE E. LANGE

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)on March 26, 2004Final Disposition Sec. C-West, Lot 48S, Grv#1Certified by H. Elliot Larson
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

04-04

**DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT***Stub to be retained by officer issuing permit*Name of
Decedent

Naomi K. Shoemaker

Sex

F

Date of Death

April 23, 2004

Place of
Death

Southboro Ma

Date of
Birth

Jan 5, 1941

Immediate
Cause

Multiple Traumatic Injuries

Certifier

Richard Evans M.D.

Permit
Issued To

Paul Brasco

Disposition
AtMt Hope Cemetery
Walla Walla, WaName of
Facility

Brasco & Sons Mem.

Date Permit
Issued

April 29, 2004

04-05

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Edward P. Bator

Sex M Date of Death July 12, 2004

Place of Death Southborough MA

Date of Birth October 17, 1927

Immediate Cause adenocarcinoma

Certifier John Krikorian M.D.

Permit Issued To Nancy G. Morris
Morris Funeral Home

Disposition At Rural Cemetery

Name of Facility Morris Funeral Home

Date Permit Issued July 14, 2004

04-05

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)

City or Town of Southborough, Mass.

Name of Decedent Edward P. Bator

If a U.S. War Veteran, specify what war, organization, etc.
--

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)

on July 15, 2004

Final Disposition Sec. F, Grv#133

Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

04-06

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Nora Scott
Sex F Date of Death Nov 14, 2004
Place of Death Southborough, Ma
Date of Birth June 25, 1912
Immediate Cause Congestive Heart Failure
Certifier John B. McCahan M.D.
Nancy G. Morris
Permit Issued To Morris Funeral Home
Disposition At Rural Crematory
Name of Facility Morris Funeral Home
Date Permit Issued Nov. 16, 2004

04-06

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)

City or Town of Southborough Mass.
Name of Decedent Nora Scott

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms

at _____
(Name of cemetery or crematory) (City or Town)

on NOV 22 2004

Final Disposition _____

Certified by Joseph T. [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent THELMA MARY POWELLSex F Date of Death Nov. 21, 2004Place of Death SouthboroDate of Birth Feb. 22, 1928Immediate Cause Respiratory FailureCertifier CHRISTOPHER SMITH M.D.Permit Issued To Roberts-Mitchell Funeral Svc.Disposition At Vine Lake CemeteryName of Facility Roberts-Mitchell Funeral Svc.Date Permit Issued Nov. 24, 2004DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to TOWN CLERK
(Office issuing permit)City or Town of SOUTHBOROUGH Mass.Name of Decedent THELMA MARY POWELL

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Vine Lake Cemetery Medfield
(Name of cemetery or crematory) (City or Town)on 11/27/04Final Disposition burialCertified by Timothy Mandell
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 04-08

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Margurie ShermanSex F Date of Death Dec 1, 2004Place of Death 41 White Bagby RdDate of Birth April 27, 1916Immediate Cause arteriosclerotic cardiovascular DisCertifier Antonio Boschetti M.D.Permit Issued To Morris Funeral HomeDisposition At Rural Cemetery S. boroName of Facility Morris Funeral HomeDate Permit Issued Dec 3, 2004

No. 04-08

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town of
(Office issuing permit)City or Town of Southborough Mass.Name of Decedent Margurie Sherman

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)on Decemeber 4, 2004Final Disposition Sec. B-West. Lot 70, Grv #3Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

04-09

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent JOHN J. SULLIVANSex M Date of Death DEC. 7, 2004Place of Death SOUTHBOROUGHDate of Birth JAN. 19, 1937Immediate Cause Metastatic Colon CancerCertifier DR. JULIE KRUTAK M.D.Permit Issued To MORRIS FUNERAL HOMEDisposition At RURAL CEMETERYName of Facility MORRIS FUNERAL HOMEDate Permit Issued DEC. 10, 2004

04-09

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to TOWN CLERK
(Office issuing permit)City or Town of SOUTHBOROUGH Mass.Name of Decedent JOHN J. SULLIVANIf a U.S. War Veteran, specify what war, organization, etc.
— —

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)on December 10, 2004Final Disposition Section M, Grv#134Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Karl S. TaylorSex M Date of Death 12-24-04Place of Death Southborough MaDate of Birth Dec 24, 1948Immediate Cause Cardiopulmonary ArrestCertifier Paul Griffel M.D.Permit Issued To Callanan F.H.Disposition At Rural CemeteryName of Facility Callanan F.H.Date Permit Issued December 17, 2004DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to To-on Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of Decedent Karl S. TaylorIf a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Crematory
(Name of cemetery or crematory) (City or Town)on Dec 20, 2004 Albany, MA

Final Disposition

Certified by John W. Cobble
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent MARY ANNE McCANNSex F Date of Death JAN. 13, 2005Place of Death SOUTHBOROUGHDate of Birth JAN. 11, 1930Immediate Cause LUNG CANCER INOPERABLECertifier DR. J. LEITNER M.D.Permit Issued To MORRIS FUNERAL HOMEDisposition At RURAL CEMETERYName of Facility MORRIS FUNERAL HOMEDate Permit Issued JAN. 19, 2005DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to TOWN CLERK
(Office issuing permit)City or Town of SOUTHBOROUGH Mass.Name of Decedent MARY ANNE McCANNIf a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)on January 19, 2005Final Disposition C-West, Lot 46N, Grv#4Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 05-02

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Dorothy A. Taglienti
 Sex F Date of Death Feb 8, 2005
 Place of Death Southborough MA
 Date of Birth Sept 19, 1937
 Immediate Cause Lung Cancer
 Certifier Michael Rabin M.D.
 Permit Issued To Daniel C. Barry
Sohn Everett & Sons
 Disposition At Rural Cemetery
 Name of Facility Sohn Everett & Sons
 Date Permit Issued Feb 10, 2005

No. 05-02

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
 (Office issuing permit)
 City or Town of Southborough Mass.
 Name of Decedent Dorothy A. Taglienti
 If a U.S. War Veteran, specify what war, organization, etc.
— — —

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
 disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
 (Name of cemetery or crematory) (City or Town)
 on February 12, 2005

Final Disposition Sec. 1 K, Grv #48

Certified by Daniel C. Barry
 (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

05-03

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Abraham S. HaddadSex M Date of Death March 1, 2005Place of Death Southborough MaDate of Birth May 20, 1931Immediate Cause Cardiac ArrestCertifier Mark Hersey M.D.Permit Issued To Laurence R. EatonEaton Funeral HomeDisposition At Mt. Benedict Cem.Name of Facility Eaton Funeral HomeDate Permit Issued March 3, 2005

05-03

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of Decedent Abraham S. HaddadIf a U.S. War Veteran, specify what war, organization, etc.

=====

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Mt. Benedict West Roxbury
(Name of cemetery or crematory) (City or Town)on March 5, 2005Final Disposition Lot 24 RS - Gr. 3 - Sec. 71Certified by Philip F. Flaherty, Supt.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

05-04

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Richard William Hallion
 Sex M Date of Death March 5, 2005
 Place of Death Southborough, MA
 Date of Birth Oct 5, 1934
 Immediate Cause Respiratory Failure
Pot Chiral
 Certifier Pot Chiral M.D.

Permit Issued To John A Matarese Jr
 Disposition At North Purchase Crem.
 Name of Facility Matarese Funeral Home
 Date Permit Issued March 8, 2005

05-04

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of Decedent Richard William Hallion

If a U.S. War Veteran, specify what war, organization, etc.

Korea

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Woodlawn North Purchase Obituary
(Name of cemetery or crematory) (City or Town)on March 10, 2005Final Disposition CremationCertified by Jim Sheehan
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

05-05

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent BRANDON M. Ham

Sex M Date of Death MAR 24, 2005

Place of Death SOUTH BOROUGH

Date of Birth OCT. 28, 1981

Immediate Cause Pending Toxicology

Certifier MARIE CANNON M.D.

Permit Issued To MORRIS FUNERAL HOME

Disposition At RURAL

Name of Facility MORRIS FUNERAL HOME

Date Permit Issued MAR 28, 2005

05-05

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to TOWN CLERK'S OFFICE
(Office issuing permit)

City or Town of SOUTH BOROUGH Mass.

Name of Decedent BRANDON M. Ham

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)

on March 28, 2005

Final Disposition Section M, Grv #149

Certified by Budget Co. Superintendent
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

**DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT**

Stub to be retained by officer issuing permit

Name of Decedent William E Clapp Jr
Sex M Date of Death March 27, 2005
Place of Death Southboro, Ma
Date of Birth Nov 9, 1960
Immediate Cause Chronic Ethanol Abuse
Certifier F Sandler M.D.
Permit Issued To Richard Lombardi
Disposition At Old St. Mary's Cem.
Name of Facility Richardson-Gaffey
Date Permit Issued March 29, 2005

**DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT**

This section to be returned immediately, properly endorsed

to SOUTHBOROUGH TOWN CLERK
(Office issuing permit)
City or Town of SOUTHBOROUGH Mass.
Name of Decedent WILLIAM E. CLAPP, JR.
If a U.S. War Veteran, specify what war, organization, etc.

=====

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms
at St Mary's Cemetery Situate Scituate
(Name of cemetery or crematory) (City or Town)
on 14th March 30, 2005
Final Disposition Burial
Certified by Connie M Wilcox
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

05-07

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT*Stub to be retained by officer issuing permit*Name of Decedent BEATRICE P. JOHNSONSex F Date of Death APRIL 4, 2005Place of Death SOUTH BOROUGHDate of Birth JUNE 30, 1918Immediate Cause CONGESTIVE HEART FAILURECertifier JAMES M. FLYNN M.D.Permit Issued To MORRIS FUNERAL HOMEDisposition At RURAL CEMETARYName of Facility MORRIS FUNERAL HOMEDate Permit Issued APRIL 7, 2005

05-07

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT*This section to be returned immediately, properly endorsed*to TOWN CLERK
(Office issuing permit)City or Town of SOUTH BOROUGH Mass.Name of Decedent BEATRICE P. JOHNSONIf a U.S. War Veteran, specify what war, organization, etc.
=====

ENDORSEMENT

*(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)on April 9, 2005Final Disposition Sec. B-East / Lot 34N, Grv#4Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub

05-08

**DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT***Stub to be retained by officer issuing permit*Name of Decedent STEVE SHABNOWITZSex M Date of Death April 22, 2005Place of Death SOUTHBOROUGHDate of Birth FEB. 18, 1913Immediate Cause VALVULAR HEART DISEASECertifier ARNOLD J. HILL M.D.Permit Issued To Wancy MoralesDisposition At Cedar Grove Cemetery Flushing NYName of Facility TAGLIAZULY & CO. INCDate Permit Issued April 22 2005

No. 05-09

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent JOHN E. MITCHELL
Sex M Date of Death MAY 1, 2005
Place of Death Southborough
Date of Birth Nov 18, 1933
Immediate Cause CARAC ARREST
Certifier LI-MING HU M.D.
Permit Issued To MORRIS FUNERAL HOME
Disposition At RURAL CREMATORY
Name of Facility MORRIS FUNERAL HOME
Date Permit Issued MAY 3, 2005

R-309

No 05-09

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed
to SOUTHBOROUGH TOWN CLERK
(Office issuing permit)
City or Town of Southborough Mass.
Name of Decedent JOHN E. MITCHELL
If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)
cremated remains
I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms
at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or town)
on May 14, 2005
Final Disposition B-East, Lot 35N, Cry#1A
Certified by [Signature] (Signature of Superintendent, Cemetery or crematory)
If there is no officer in charge, funeral director must sign and return this stub.

If there is no officer in charge, funeral director must sign and return this stub.

05-10

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Ray Buel DavisSex M Date of Death June 28, 2005Place of Death Southborough, MaDate of Birth July 14, 1913Immediate Cause Bladder Metastatic Prostate CancerCertifier Karen Gail Brandse M.D.Permit Issued To Morris FuneralDisposition At Rural CemeteryName of Facility Morris Fun HomeDate Permit Issued June 30, 2005

05-10

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)City or Town of Southboro Mass.Name of Decedent Ray B. DavisIf a U.S. War Veteran, specify what war, organization, etc.
- - -

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)on July 1, 2005Final Disposition Sec. 9, Lot 50, Grv#2Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

05-11

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Dolores BraselmanSex F Date of Death Sept 13, 2005Place of Death SouthboroughDate of Birth Aug 20, 1922Immediate Cause Respiratory ArrestCertifier Howard D. Kirshenbaum M.D.Permit Issued To Morris Funeral HomeDisposition At Rural CrematoryName of Facility Morris Funeral HomeDate Permit Issued Sept 15, 2005

05-11

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately properly endorsed

to Town Clerk

(Office issuing permit)

City or Town of Southborough Mass.Name of Decedent Dolores B. Newman

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Crematory

(Name of cemetery or crematory)

(City or town)

SEP 19 2005

180 Grove Street

on Worcester, MA 01605Final Disposition John H. CobleCertified by John H. Coble

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

05-12

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of
Decedent

Shauna Marie Murphy

Sex F Date of Death Oct 13, 2005Place of
Death Southborough, MADate of
Birth Dec 20, 1987Immediate
Cause Traumatic ImpactCertifier Earl Kasdan M.D.Permit
Issued To Morris Fun HomeDisposition
At Rural CemeteryName of
Facility Morris Fun HomeDate Permit
Issued Oct 14, 2005

05-12

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk

(Office issuing permit)

City or Town of Southborough Mass.Name of Decedent Shauna Marie Murphy

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)on October, 17, 2005Final Disposition Section M, Grv #126Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

05-13

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Meaghan Christine MurphySex F Date of Death Oct 13, 2005Place of Death Southborough MADate of Birth Jan 17, 1990Immediate Cause Traumatic InjuriesCertifier Earl Kasdan M.D.Permit Issued To Morris Fun HomeDisposition At Rural CemeteryName of Facility Morris Fun HomeDate Permit Issued Oct 14, 2005

05-13

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately properly endorsed

to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of Decedent Meaghan Christine Murphy

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)on October 17, 2005Final Disposition Section M, Grv #124Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

05-14

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Martin E. GrinleySex M Date of Death Oct 21, 2005Place of Death Southborough, MA
200 WoodlandDate of Birth Dec 3, 1950Immediate Cause Cardiac ArrestCertifier Matthias Numberger M.D.Permit Issued To Henny C. Boyle IIIDisposition At MA Nat'l Cem.Name of Facility Boyle Bros Fun. HomeDate Permit Issued Oct. 24, 2005

05-14

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of Decedent Martin E. Grinley

If a U.S. War Veteran, specify what war, organization, etc.

Vietnam Era

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat INTERRED
(Name of cemetery or crematory) (City or Town)on 10-25-05

Final Disposition

Certified by MASSACHUSETTS NATIONAL CEMETERY, BOURNE, MA

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

05-15

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent CHARLES P. ASPESI

Sex M Date of Death NOV. 2, 2005

Place of Death SOUTHBOROUGH

Date of Birth NOV. 29, 1929

Immediate Cause LIVER CANCER

Certifier ALA BOLKHOMSKY M.D.

Permit Issued To MORRIS FUNERAL HOME

Disposition At RURAL

Name of Facility MORRIS FUNERAL HOME

Date Permit Issued NOV. 3, 2005

05-15

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk's Office
(Office issuing permit)

City or Town of Southborough Mass.

Name of Decedent CHARLES P. ASPESI

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)

on November 5, 2005

Final Disposition Sec C-Eastm Lot 21, Gry#5

Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.